



EQUIPMENT LEASE APPLICATION Date:

* 146 Anton Road, Wynnewood, PA 19096 *
 Contact : Arielle Roemer * learfc@comcast.net * 610.658.2800 * Fax 610.658.2211

Legal Entity Name :

DBA :

Business Tax ID : Yrs In Business : Yrs In Business (Present Mngt) :

Practice Type : Phone # :

Address :

City : State : Zip : Fax # :

Entity Type : Sole Proprietorship Partnership Corporation LLC

OWNER INFORMATION

Owners Name & Title : % of Ownership :

Home Address :

City : State : Zip : Date of Birth :

Home Phone : Mobile Phone : SSAN :

Email : Prof License No : Original Issue Date :

Owners Name & Title : % of Ownership :

Home Address :

City : State : Zip : Date of Birth :

Home Phone : Mobile Phone : SSAN :

Email : Prof License No : Original Issue Date :

BUSINESS ACCOUNT INFORMATION

Bank Name : Checking Account No :

EQUIPMENT INFORMATION

Description / Vendor :

Equip Address If Different :

Phone No : Total Price W/out Tax : Length Of Lease : # of Adv Rentals :

RELEASE

To Whom It May Concern:

By signing this Credit Application, the undersigned gives authorization to "LEAR FINANCIAL CORPORATION (LFC)" and/or its assigns or participants to make whatever credit inquiries and to obtain such credit reports as "LFC" deems necessary in connection with the lease application referenced above. The undersigned authorize(s) and instruct(s) any bank, trade reference, bonding company, consumer reporting agency or other person or organization to compile and furnish to "LFC", any information concerning accounts and amounts owed and/or paid by the undersigned that any of them may have in response to such credit inquiries and/or requests for credit report. I/We further agree that such information and reports, along with the above referenced application, shall remain the property of "LFC", whether or not the lease application is approved.

For (Company Name) :

By (Name Of Officer) : Title :

Signature : X _____ Date : _____

By (Name Of Officer) : Title :

Signature : X _____ Date : _____